



Tennessee Department of Environment and Conservation Division of Water Pollution Control

6th Floor Annex, L&C Tower, 401 Church Street, Nashville, Tennessee 37243 1-888-891-8332 (TDEC)

Annual Reporting Form for the Pesticide General Permit (PGP)

This form is for any Operator that is a Decision-maker required to submit an NOI. The annual report must be submitted no later than February 15 of the following year for all pesticide activities covered under the permit occurring during the previous calendar year as detailed in Part 7 of the permit.

A. General Infor	mation
1, NPDES Permit Tracking Number:	TNP 10000 2
2. Operator Name:	Shelby County Health Department
3. Operator Contact Informa a. Street: よりもの Ce	
b. City: Memphis	TN d. ZIP: 38104
e. Telephone: 901 - 23	2-9715
4. Contact Information:	
a. Contact Name: Tuc	e Carlson
	to mologist
c. E-mail: Ture	e. Carlson @ shelby county th. gov
Was an adverse incident permit?	lents and Corrective Actions observed and/or corrective actions taken for any Pest Management Area for which you have coverage under the observed or corrective action was taken. (Proceed to Section C)
b. Yes, an adverse in which adverse inci	cident was observed and/or a corrective action was taken. (Complete questions 2-6 for each Pest Management Area in dents were observed or corrective actions were taken. Copy this section for non-electronic submissions).
Pest Management Area #_	of ##
2. Pest Management Area	Name:
3. If applicable, provide the pages, if needed):	date for any adverse incidents as a result of those treatment(s), as described in Part 6.4 of the permit (use additional
Date of adverse incident	
Date and time the Opera any instructions received	
a. Date:	c. Who the Operator spoke with at the division:
b. Time:	d. Instructions received from the division:
	0)-Day Adverse Incident Written Report:
Describe any corrective action in the Thirty (30)-Day Adverse	(s), including spill responses, resulting from pesticide application activities and the rationale for such action(s), subsequent to those steps described Incident Written Report:

C. Pest Management Area(s) (u	ise additional pages	for each Pest Management Area)				
Pest Management Area# of ##						
1. Have any discharges from pest control activities occurred in this calendar year?						
a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities this year. Proceed to section D.						
b. X Yes. Proceed to question 2.						
2, Indicate the pesticide use pattern for the Pest Manag	ement Area:					
a. X Mosquito and Other Flying Insect Pest Contro	l b. Weed and Algae	Pest Control				
c. Animal Pest Control	d. Forest Canopy P	est Control				
3. For each treatment area (use additional pages for ea						
Provide a description of the treatment area with						
Treatment area is all	of Shelby C	County Tennessee				
b. Size of treatment area (in acres or linear feet): 5	ol.740 acres or linear	leet.				
c. Name or location of any waters of the state to w						
No.	-					
d, Target Pest(s): Mesquitoes						
Name and contact information for pesticide applicato	r/c) (or check here if same a	s provided in Section A): 🔯				
4. Name and contact information for pesticide applicato	1(5) (or check here it same a	s provided in Section (1). ES				
Company Name:						
Street:						
City:		State: ZIP Code:	_			
Contact						
Phone						
E-mail:			ė			
5. Was this pest control activity addressed in your Pesti	icide Discharge Monitoring P	an (PDMP) before pesticide application: X Yes No	☐ Not Applicable			
Enter the total amount of each pesticide product app Circle if quantily indicated is in lbs or gallons: Add and	lied for the reporting year by diditional pages if necessary.	he product name, EPA Registration Number(s) and by appli	cation method.			
Product Name <u>Vectolex CG</u>	Quantity Applied (lbs or	Product Name <u>Vecto bac</u> G	Quantily Applied (lbs or			
EPA Reg. No. 73049-20	gallons of product);	EPA Rey No. 73049-10	gallons of product):			
Application method:		Application method:				
a. Aerially by fixed-wing	ibs or gallons	a. Aerially by fixed-wing	lbs or gallons			
b. Aerially by rotary aircraft	lbs or gallons	b Aerially by rotary aircraft	lbs or gallons			
 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons	 c. Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) 	lbs or gallons			
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	lbs or gallons			
e. Direct mixture (includes metering, subsurface applications)	lbs or gallons	 e. Direct mixture (includes metering, subsurface applications) 	lbs or gallons			
f. Chemigation	Ibs or gallons	f D	lbs or gallons			
g. X Other (specify): Broadcast	2,346,8 (b) or gallons	y): G, & Other (specify): Broadcast	1,722.1 (b) or gallons			
	gallons					

C. Post Management Area(s) (was additional pages for each Past Management Area)	
C. Pest Management Area(s) (use additional pages for each Pest Management Area)	
Pest Management Area#_l_ of ##l_	
Have any discharges from pest control activities occurred in this calendar year?	
a. No discharge from pest control activities this calendar year. Note: Checking this box completes Section C if you had no discharge from pest control activities year. Proceed to section D.	; this
b, X Yes. Proceed to question 2,	
2. Indicate the pesticide use pattern for the Pest Management Area:	
a. X Mosquito and Other Flying Insect Pest Control b. Weed and Algae Pest Control	
c₃ ☐ Animal Pest Control d. ☐ Forest Canopy Pest Control	
3. For each treatment area (use additional pages for each treatment area):	
a. Provide a description of the treatment area within this Pest Management Area, including location description:	
Treatment area is all of Shelby County Tennessee	
b. Size of treatment area (in acres or linear feet): 501,760 acres or linear feet,	
c. Name or location of any waters of the state to which discharges occurred:	
See appendix A Table 1	
d. Target Pest(s): Mosquifies	
4. Name and contact information for pesticide applicator(s) (or check here if same as provided in Section A):	
Company Name:	
Street:	
City: State: ZIP Code:	
Contact	
Phone	
E-mail:	
5, Was this pest control activity addressed in your Pesticide Discharge Monitoring Plan (PDMP) before pesticide application: X Yes No Not Applicable	
6. Enter the total amount of each pesticide product applied for the reporting year by the product name, EPA Registration Number(s) and by application method. Circle if quantity indicated is in lbs or gallons: Add additional pages if necessary.	
Product Name GB-1111 Quantity Applied (lbs or Product Name Agnique MMF Quantity Applied	(lbs or
EPA Reg 16. 8329-72 gallons of product): EPA Reg. No. 53263-28 of product):	
Application method: Application method:	
a. Aerially by fixed-wing lbs or gallons a lbs or gallons lbs or gallons	วทร
b. 🔲 Aerially by rotary aircraft lbs or gallons b. 🔲 Aerially by rotary aircraft lbs or gallons	วกร
c. 🗵 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer) c. 🖾 Land-based sprayer (includes backpack, land vehicle mounted sprayers, high pressure canopy sprayer)	ons
d, Aquatic vehicle mounted sprayer lbs or gallons d, Aquatic vehicle mounted sprayer lbs or gallons	วทธ
e. Direct mixture (includes metering, lbs or gallons subsurface applications) e. Direct mixture (includes metering, subsurface lbs or gallons applications)	ons
f. Chemigationlbs or gallonslbs or gallons	ons
g. Other (specify): Obs or gallons y): Ibs or gallons User gallons	

C. Pest Management Area(s) (us	se additional pages fo	r each Pest Management Area)),7
Pest Management Area#_l_of##l_	2		
1. Have any discharges from pest control activities occur			
a. ☐ No discharge from pest control activities this ca year. Proceed to section D.	alendar year. Note: Checking th	is box completes Section C if you had no discharge from	pest control activities this
b. X Yes. Proceed to question 2.			
2. Indicate the pesticide use pattern for the Pest Manage	ment Area:		
a. 🛛 Mosquito and Other Flying Insect Pest Control	b. Weed and Algae Pe	est Control	
c. Animal Pest Control	d. Torest Canopy Pest	Control	
3. For each treatment area (use additional pages for each			
a. Provide a description of the treatment area within			
Treatment area is all	of Shelby Co	unty lennessee	
b. Size of treatment area (in acres or linear feet): 50	1,760 acres or linear fee	t,	
c. Name or location of any waters of the state to wh		g:	
See appendix A Tabl	e 1		
d, Target Pest(s): Mosquitoes			
$4_{*}\mathbf{Name}$ and contact information for pesticide applicator	(s) (or check here if same as p	rovided in Section A): 🔼	
Company Name:		The second secon	
Characte			
Street:		3 8 00	
City:		State: ZIP Code:	<u></u>
Contact			
Phone			43
E-mail:			
5. Was this pest control activity addressed in your Pestic	cide Discharge Monitoring Plan	(PDMP) before pesticide application: $\begin{tabular}{ c c c c c }\hline X & Yes & \hline & No \\ \hline \end{tabular}$	Not Applicable
6. Enter the total amount of each pesticide product applicable if quantity indicated is in lbs or gallons: Add add	ed for the reporting year by the ditional pages if necessary.	product name, EPA Registration Number(s) and by appli	cation method,
Product Name Kontrol 4-4	Quantity Applied (lbs or	Product Name	Quantity Applied (lbs or
	gallons		gallons of product):
EPA Rey No.	of product):	Application method:	or producty.
Application method:	lbs or gallons	a. Aerially by fixed-wing	lbs or gallons
a.	lbs or gallons	b. Aerially by rotary aircraft	tbs or gallons
b. ☐ Aerially by rotary arcraft c ☐ Land-based sprayer (includes backpack,	4,172.5 lbs or gallons	c. Land-based sprayer (includes backpack,	Ibs or gallons
land vehicle mounted sprayers, high pressure canopy sprayer)	in in its organions	land vehicle mounted sprayers, high pressure canopy sprayer)	
d. Aquatic vehicle mounted sprayer	lbs or gallons	d. Aquatic vehicle mounted sprayer	Ibs or gallons
 e. Direct mixture (includes metering, subsurface applications) 	Ibs or gallons	e. Direct mixture (includes metering, subsurface applications)	lbs or gallons
f. Chemigation	lbs or gallons		lbs or gallons
g. Cother (specify):		у):	lbs or gallons

D. Certification	
with a system designed to assure that qualified person my inquiry of the person or persons who manage the information submitted is, to the best of my knowled penalties for submitting false information, including statement is subject to the penalties of perjury.	I all attachments were prepared under my direction or supervision in accordance onnel properly gathered and evaluated the information submitted. On the basis of a system, or those persons directly responsible for gathering the information, the ge and belief, true, accurate, and complete. I am aware that there are significant the possibility of fine and imprisonment for knowing violations. A false
Printed Name: Jason Tyles	terwent
Title: Administrator	TZ
B-Mail: Tyler Zerwekhe	shelby county tr. gov
Signature/Responsible Official:	22 Date: di 27 2015
Annual Report Preparer (Complete if	the Annual Report was prepared by someone other than the certifier)
Preparer Ture Carlson	
Organization: Shelby County Heal	th Defurtment
Phone: 901 222 9715 _	Date: 01 20 2015
E-Mail: Ture. Carlson @ shelby c	ounty TN. gov